

Effective December 8, 2004

Application or Docket Number: -

10/544199

(Column 1)

(Column 2)

\* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

(Column 2)

(Column 3)

### FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)

(Column 2)

**(Column 3)**

### FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

TYPE -

OR

OTHER THAN  
SMALL ENTITY

**TOTAL**

OR

OR

OR

OR

OR

TOTAL

OR

OTHER THAN  
SMALL ENTITY

**TOTAL ADDT.  
FEE**

OR

OR

OR

OR

TOTAL ADDIT.  
FEE

**RATE**

ADDITIONAL  
FEE

TOTAL ADDIT.  
FEE

OR

**OR**

OR

OR

TOTAL ADDIT.  
FEE

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.